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ABSTRACT

Intended for classroom teachers, the document addresses the issue of evaluating psychological problems in school children and focuses on strategies for handling deviant classroom behavior. Discussed are four approaches: permitting behavior, tolerating behavior, intervening with behavior, and preventing behavior. (SBH)

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BEHAVIOR DISORDERS:
SOME SUGGESTIONS FOR THE CLASSROOM TEACHER

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BEHAVIOR DISORDERS:
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According to a story told by an Appalachian farmer, back in the 30's he was visited by a government agent who said that the federal government had designated the farmer as poor. A second agent came later, telling the farmer he was now listed as needy. He was called deprived according to a third official. Then Title I personnel marked him down as disadvantaged, and later the OEO told him he was culturally different. Now the government tells him he is among the poor. As the farmer puts it, "I still don't have any money, but I have an excellent vocabulary". This is pretty much how it is with the emotionally disturbed, also known as the affectively impaired, socially maladjusted, behaviorally disordered. The semantics keep changing, but as Ma Joad says in Grapes of Wrath, "We just keep on a 'comin'."

As the Rules and Regulations for Special Education indicate, the child who exhibits an affective disorder and/or adaptive behavior which significantly interferes with his learning and/or social functioning shall be labeled as behavior disordered. The designation of emotional disturbance was dropped from the revised Rules and Regulations, but this did not relieve those schools and teachers and parents of the mandate to find and aid children whose emotional impairment interferes with their progress in school.

The emotionally handicapped child is one who displays: 1) inability to learn which is not due to health or intelligence, 2) poor interpersonal relationships with his peers and teachers, 3) inappropriate, immature behavior, 4) depression and unhappiness, and/or 5) physical complaints in speech, pains, fears, all associated with school problems. The pervasive characteristic is generally unhappiness. The most common behavioral manifestations of severe emotional disturbance are bed-wetting, killing animals, and/or setting fires. But these are not the only signs. It is suggested (in Faas -- The Emotionally Disturbed Child) that the following questions be asked in evaluating psychological problems of school children:

1) What is the evidence to indicate that any problem exists? The child should be innocent until declared guilty of having an emotional hang-up.
2) What is the pupil's socio-economic status? There is a correlation between incidence and social and economic background.

3) What is the pupil's cultural background? Is school important in that child's home and his culture?
4) What is this pupil's social role with his peers? How do they behave?
5) What is the status of this pupil's physical health? At times just feeling bad can trigger an emotional problem or feeling good can make a bad situation easier to cope with.
6) Is this pupil going through a normal developmental phase? We have an awe of habits; sometimes a child is just acting age-appropriately or his behavior at six is not necessarily going to be his behavior at twelve.
7) Is this pupil reacting to some unrecognized situation within the school environment? Rules which impose an unnecessary burden on this child? A bully or imagined foe can frighten a child. Frustration at being unable to handle assignments or school activities can cause one to become overloaded.
8) Is the student reacting to some unrecognized situation at home? The fear, anxiety, pressure of home can deplete a child's ego strength. The psychologically battered child is harder to detect and deal with than is the child battered by physical blows and bruises.
9) Is this student just a different child? Some do march to a "different drummer" and may be adjusted to the situation better than the adults around him.

Many groups are seeking answers to the problems now causing nearly half the beds in our country's hospitals to be filled with the emotionally ill. The medical profession has used drug therapy, or chemotherapy, and, at times, preventive medicine. This could include the treatment of physical manifestations and ailments which might be interfering with mental health. Research is probing deeply into psychosis, autism, etc., as genetic, organic, metabolic, hormonal, et al. Teaching machines and prostheses have been developed by science and technology to countermand or compensate for the deficiencies of the impaired. Legislation has mandated and provided for the protection of the legal and educational rights of the disturbed. There is frequent litigation finding in favor of the "dependent" citizen -- one who is hospitalized, unable to communicate, deprived of his legal rights. Society is asked to be more understanding of the mentally impaired, to gentle their expectations, to be more accepting; but the major thrust in treatment of emotional disturbance has been educational intervention.

Basically, there are three strategies for teaching emotionally disturbed/maladjusted children. The psycho-dynamic-interpersonal approach attempts to answer <u>why</u> the child behaves as he does, probing the underlying psychological, causal factors related to problems in class. This psychiatric or psychological study of the defense mechanisms makes the effort to lead the child into an understanding of his behavior with the hope that with understanding comes acceptance and change. The sensory-neurological approach of <u>how</u> the child's behavior is linked with organic deficits is most prevalent in areas where the existence of brain-damage, perceptual disorder or cerebral dysfunction can be assumed. Behavior modification advocates feel

that what the child presents in the classroom is the prime emphasis. In this approach, they try to shape deviant behavior in line with standards required for learning. Task analysis and behavior management techniques have evolved from this approach.

Meanwhile, "back at the ranch", the teachers are most concerned with the management of surface behavior in a school setting. It is said that the emotionally disturbed child is one with whom the teacher cannot cope; and perhaps this is not all wrong. For it is the behavior which the child exhibits that interferes with his and others' progress in school. And it is this behavior that brings his problems to the attention of the persons who will be responsible for his getting help -- from them or other agencies or personnel.

Alternatives in handling classroom behavior are four: permitting behavior, tolerating behavior, interfering with behavior, and preventive planning. (Conflict in the Classroom).

Certain behavior is just permitted or allowed. Rules are established to inhibit and regulate impulsive behavior. The "cans" and "cannots" are important for structure and security. They afford a commonality of expectations for all of us. However, some infractions are just not dealt with because they are unimportant to the overall situation. Rules should be such that the child is not tempted to test the limits. This would include general conduct, talking, behavior in hallways and at play, time schedules, and the like.

We may tolerate behavior which we do not approve of. There is what can be called the "learner's leeway". The young ball player is allowed mistakes. The young reader is permitted to goof, maybe even to read aloud if this is necessary to his learning or his enthusiasm over his newfound skill. Some behavior just reflects a developmental stage; it is typical of that age. The young kindergartener or first-grader will be active or motor-oriented. The pre-adolescent will need to dress and speak in a manner designed to meet his needs and/or offend his elders. Most youngsters are legalistic and concrete in their thinking and will demand "justice" or misinterpret a comment made possibly in jest. The children in grades four through six often feel caught between group pressure and teacher loyalty; and tattling is common. Further, there is behavior symptomatic of an illness, emotional or physical, and one needs to allow the child to isolate himself or to act out, to a certain degree, if this is necessary to his attempts to cope with his situation.

When interfering with behavior, one tries not to disrupt the group but to help the child. Certain criteria call for intervention. Reality dangers, such as traffic, stairs, sharp objects, call for interference and intervention. Name-calling or scape-goating require psychological protection of the victim. We may stop an activity in time to protect against too much excitement. Property needs to be protected, as does an on-going process, contagion of tapping, talking out, getting a drink of water, etc., will require intervention or interference. Occasionally the child will need to be reminded that there are things that just are: we can't all be first, or school policy is set, or one thing may be more important than another. If it is the

responsibility of the schools to provide the children with preparation for life in society, socially and economically, it must be stressed that there is an outside world. As Dr. Bruno Bettelheim says, "Life is full of institutions, and we just can't fight them -- we need schedules, rules, time-tables, procedures".

It is also incumbent upon the teacher to protect her own inner comfort. Often we really intervene in relation to how we feel that day (if one feels really good, the kids just don't "get to us") or our personal peeves (like knuckle-popping, gum-chewing) or just how honest one is with the children (if it bugs the teacher, she is not fair to pretend otherwise, then dislike the child's actions, which to him are approvable.)

There are certain stop-gaps, such as planned ignoring, responding to the motivation and not the behavior; a signal interference, shushing or finger-pointing or a "fish-eye"; and proximity control, being near and possibly putting a hand on the shoulder of the pre-miscreant. These techniques will not embarrass or point out the child whose behavior needs intervention. One can also boost interest with projects and contests, or using humor judiciously to ease a tense situation, giving better instruction to put off a difficult task and avoid frustration. Restructuring the classroom program, switching activities, playing a game, or listening to music, may be necessary if there is tension in the air.

A classroom routine afforst support and security and will avoid misbehavior in some children who panic whenever anything changes. There are times when the teacher must make a direct appeal to the child's value areas, his relationship with you as the teacher, the reality of a situation, whether there is time or not, the child's group code and his peers' reaction. In using peer pressure, one should avoid the kangaroo court which may come from children judging their own age-mates. Finally, the teacher may need to assert her power of authority, if necessary. At time, removal of objects from a room will avoid or stop the behavior common to the curious, impatient, restless, and distractible. A child who is about to "blow" can be antiseptically bounced, sent for a drink or to run an errand.

If necessary, there will be times for physical restraint. This will follow a pattern with most children. There will be physical rage and verbal abuse and tears, and, finally, self-control. Loss of control will frighten a child and he will need to be restrained verbally and physically until he does gain control of his actions. It is very important for the teacher to see that the child "saves face" throughout this scene. Removal from the room is vital, but not always possible. Even with removal, it will be necessary for the teacher to allow the child to regain composure and save face. It might be best for the child to wash up and enter the room after a period of being alone.

A teacher will not interfere when it does not seem worth the effort -- the price in energies of all concerned, the emotional aftermath -- all are factors. At times it may be best to let the child continue until his behavior

is obvious to others, to disallow the attitude and accusation that an adult is "picking" on him. Or good moods will leave one more tolerant.

Ideally, preventive planning will preclude the need for much of the above. The best advice is routine and regularity, repetition of success and reinforcement. Rub in the successful behavior until it is part of the child.

A last precaution to one working with the behaviorally impaired is to avoid overidentifying with the child, getting emotionally involved yourself, letting the child's failures and problems become yours. This in no way means that one does not show concern, intervention, empathy. It just means that one is not effective nor even helpful if one does not maintain his own cool. We have to offer the child our best, and this means our skills and strengths. It is very hard to intervene, to discipline, to correct the vulnerable child. But this very strength and willingness to take a chance, to accept their initial anger or abuse, makes the difference between the <u>now</u> and the <u>then</u>. The child will recognize the efforts made in his behalf, although at the time he is acting out on every possible occasion. He will test the limits; he will test your care and concern. And he will recognize your honesty and sincerity.